

Month	Day	Year

Buffalo & Erie County Public Library Employment Application

Position Desired (type of work)
Location Desired

Please complete all sections, front & back. Please print.

PERSONAL	Last Name	First Name	Middle Name	Are you known to schools/references by another name? What name?		
	Present Street Address		City	Zip	Erie County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address
	Telephone #		Are you eligible to work in the United States? Yes No		If under 18 yrs. old, Date of Birth:	

EDUCATION	Check the highest grade completed:		Grade School				High School				College				Graduate School					
			1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	Yes	No
	School	Name & address											Diploma/Degree	Grade Average	Specialization					
	High School																			
	College																			
	Graduate School																			
Other																				

EMPLOYMENT HISTORY	List each job held with your present or last job first. Include military service & volunteer work.						
	Dates (mm/yy)	Company Name	Address	Supervisor & phone #	Position & duties	Reason for leaving	Last salary

References - please list the name, address and phone number of two references:		
Name _____	Address _____	Phone # _____
Name _____	Address _____	Phone # _____

Why are you interested in working for the Library? (Answer in a minimum of 2-3 sentences.)

Do you possess any special skills which you feel would recommend you over other candidates?

(List typing, computer, mechanical, carpentry, second language or other skills related to desired position.)

Have you previously worked for the Library? Yes No

If yes, in what capacity and when: _____

Availability

List days and times of availability:

Read carefully • Sign and date

AGREEMENT

I certify that all statements given on this application are correct, and understand that falsification or misrepresentation in this or any other personnel record may result in my dismissal. I agree to provide proof of age upon notification of hire. I authorize my former employers and other individuals to give information concerning me, whether or not it is part of their written record, and I release them and their companies from any liability whatsoever. I understand that the above noted examination and reference inquiries will be kept confidential and will not be released to anyone without my written consent. Also, I understand that if I accept employment with the Library, it will be employment at will. That means both the Library and I have the right to end the employment relationship at any time.

Signature _____ **Date** _____

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, marital status, or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sex, disability, marital status, or criminal record in connection with employment.

No follow up phone calls please.

For office use only:

Buffalo & Erie County Public Library

Voluntary Self Identification Questionnaire

The Buffalo & Erie County Public Library is an Equal Opportunity Employer. As required by law, we must record certain statistical information for affirmative action purposes. Applicants for employment are invited to report their status in a confidential manner. This information is maintained confidentially, filed separately from employment applications, and is not available to any employing agency. The information provided, or your refusal to do so, will have no bearing on your application or employment prospects and will not subject you to any adverse treatment.

Name: _____ Date: _____

Title of Position(s) Applied for: _____

Zip Code of Home Address: _____

Sex: Male Female

Race/Ethnic Identity (check all that apply):

- White Hispanic or Latino
 Black American Indian or Alaskan Native
 Asian Native Hawaiian or Pacific Islander
 Two or More Races Other (please specify): _____

Do you have a disability?

- No Yes

Are you a veteran who served during a time of war?

- No Yes; dates of service: _____

How did you learn of this position?

- Website Newspaper Friend/Family
 Employee Job Fair Walk-in
 Other (please specify): _____

Please submit this application by:

- 1) email to: hr@buffalolib.org
3) In person at any B&ECPL location

- 2) mail to: Buffalo & Erie County Public Library
Human Resources Department
1 Lafayette Sq.
Buffalo, NY 14203

12/2014